Alcohol Abuse Prevention Campaign (AAPC)

27th EFPB

"Keeping Faith"

Purpose

Provide 27th EFPB update on the Alcohol Abuse Prevention Campaign Progress To Date

Progress To Date

24th EFPB

- Identified *alcohol is the "common denominator" across spectrum of behavioral health problems*, e.g. Sexual Assault, Suicide (Feb 2011)

25th EFPB

- Directed an *Alcohol Abuse Prevention Campaign (AAPC)* to reduce alcohol abuse and associated problems (Sep 2011)

OPTS

- OPTs held at Camp Lejeune, Miramar, Okinawa and Quantico; collected data from ~ 400 Marines and civilians

26th EFPB

- Presented campaign plan; shift from responsible to risk levels. Campaign needed be to be operationalized

OPT

- Final OPT: Aug 2012 with senior Marine Corps Officers and senior Enlisted Marines at Quantico; Operationalize a campaign plan that would resonate with Marines that focused on the issue of alcohol misuse and abuse in the Corps

Proposed Endstate

A Marine Corps environment where alcohol abuse and misuse does not exist.

Is this realistic?

What should be the endstate?

Proposed Mission

The USMC Alcohol Abuse Prevention Campaign Plan will foster a culture that eliminates alcohol abuse and misuse through the affirmation of individual responsibility and the accountability of leaders at all levels while keeping faith with our Marines IOT uphold our core values, increase individual fitness, unit readiness and overall health of the force.

Tenets

1. Individual Responsibility

- Take personal responsibility
- Know yourself and seek self improvement
- Intervene on fellow Marine's behalf
- Embody fitness of body, mind, and spirit

2. Engaged Leadership and Accountability

- Establish intent/Generate buy-in
- Set the example/inspire
- Know your Marines and look out for their welfare
- Instill fitness of body, mind, and spirit
- Supervise
- Foster healthy relationships
- Know available resources

3. Education & Training

- Top-down Leadership approach
  - Small group discussion
- Nested within all facets of training (VBL/T)
  - Entry-level through PME
- Leverage MarineNET sustainment
- Alcohol Risk Assessment Course (18-24 y/o)

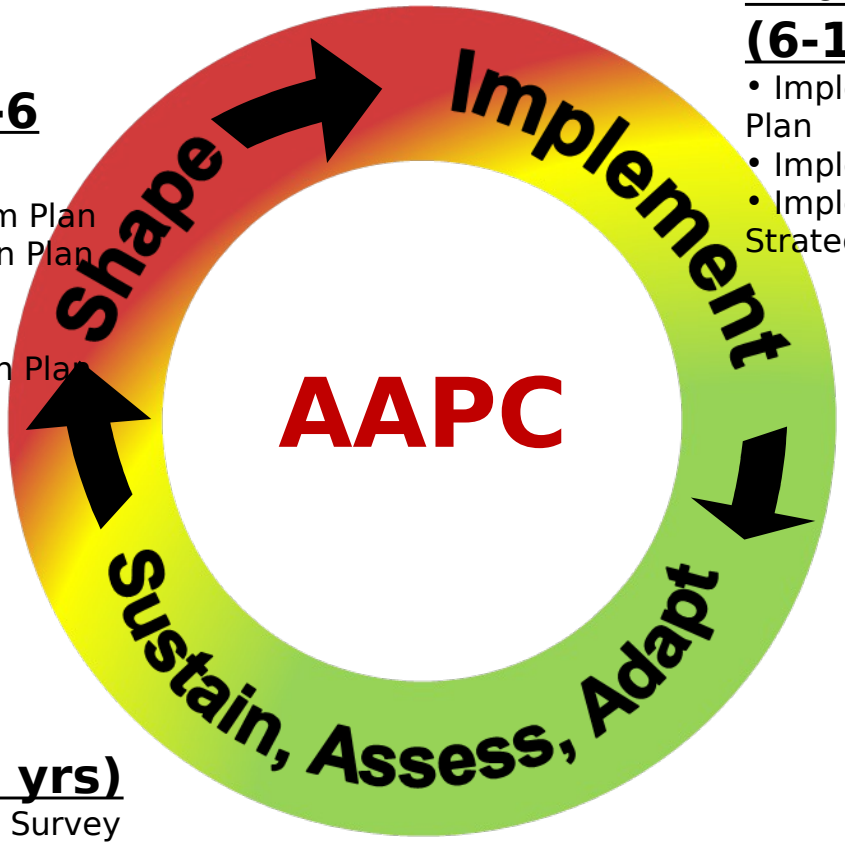
4. Treatment

- Improve tracking of alcohol treatment
- Availability and standardization of treatment
- Remove stigma associated with self-referrals
- Professionalize command SACO billet

Concept of Operations

Phase I: Shape (0-6 mo)

- Develop/Implement StratCom Plan
- Publish MARADMIN/Campaign Plan
- Assess Alcohol Marketing Strategies
- Develop Training & Education Plan
- Conduct Baseline Survey
- Review Policies and T/O



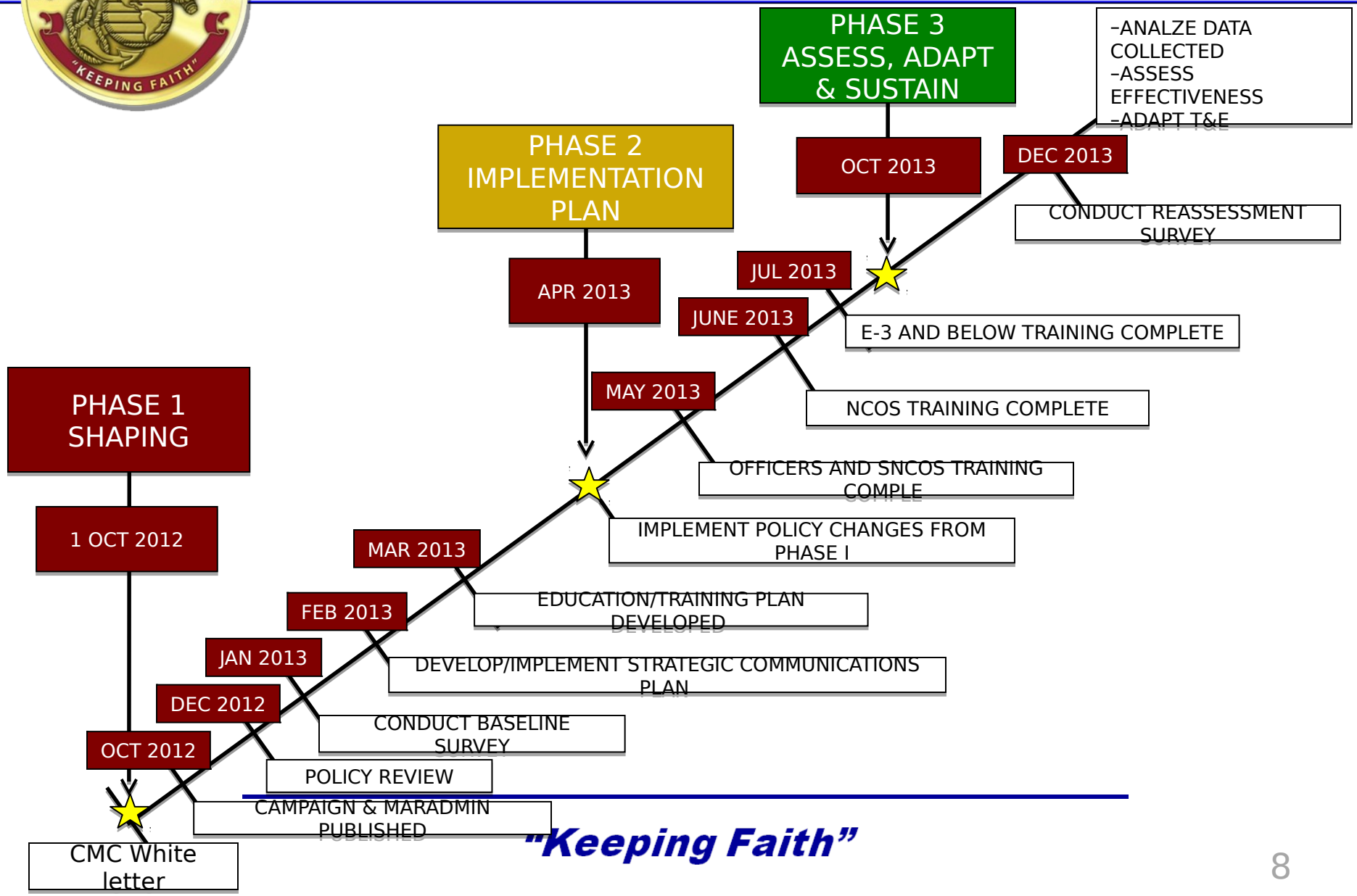
Phase II: Implement (6-12 mo)

- Implement Training & Education Plan
- Implement Policy changes
- Implement New Marketing Strategies

Phase III: Sustain, Assess, Adapt (1-2 yrs)

- Conduct Post-Implementation Survey
- Analyze data
- Assess Effectiveness of AAPC
- Adapt T&E to Maintain Relevancy

POA&M


PHASE 3
ASSESS, ADAPT & SUSTAIN
–ANALZE DATA COLLECTED
–ASSESS EFFECTIVENESS
–ADAPT T&E
DEC 2013
CONDUCT REASSESSMENT SURVEY
OCT 2013
PHASE 2
IMPLEMENTATION PLAN
JUL 2013
E-3 AND BELOW TRAINING COMPLETE
APR 2013
JUNE 2013
NCOS TRAINING COMPLETE
MAY 2013
OFFICERS AND SNCOS TRAINING COMPLE
PHASE 1
SHAPING
IMPLEMENT POLICY CHANGES FROM PHASE I
1 OCT 2012
MAR 2013
EDUCATION/TRAINING PLAN DEVELOPED
FEB 2013
DEVELOP/IMPLEMENT STRATEGIC COMMUNICATIONS PLAN
JAN 2013
CONDUCT BASELINE SURVEY
DEC 2012
POLICY REVIEW
OCT 2012
CAMPAIGN & MARADMIN PUBLISHED
CMC White letter

Marine Corps Leadership

27thEFPB

- *Acknowledge* the state of the problem
- *Review* and provide *feedback* on new Campaign efforts

Back Up Slides

Agenda

- Paradigm shift
- Impact of alcohol on the Marine Corps
- Protective factors
- Alcohol Abuse Prevention Campaign overview/status

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Paradigm Shift…..

- No longer using “Responsible Drinking” -
- Changing to “Levels of Risk”
- Marines know risks
- Marines know how to control themselves and others

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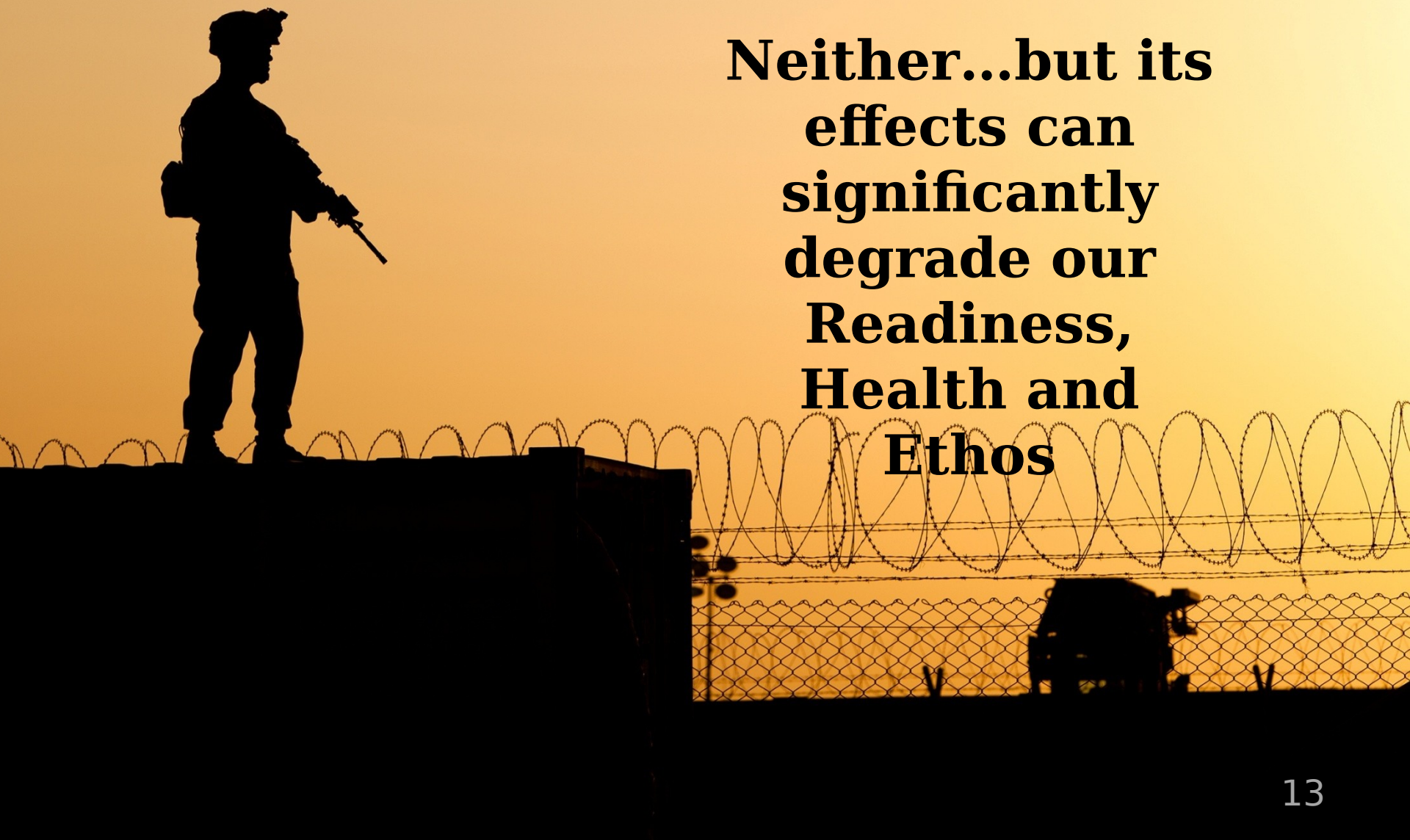
A MARINE ON WATCH HAS NO FRIENDS

Alcohol…Friend or Foe?

Neither…but its effects can significantly degrade our Readiness, Health and Ethos



Alcohol Prevalence Rates

National Institute of Health reports 15% of people living in US are considered “problem drinkers” (15% of males and 5% of females)

*A "problem drinker“ is a person who drinks heavily or experiences occasional problems from drinking but who do not have a history of severe physical dependence on alcohol.

Levels of Risk

Alcohol Consumption Continuum

No Risk	Low Risk	High Risk
• 0 standard drinks per day (Abstinence)	• No more than 3 standard drinks a day • No more than 1 standard drink per hour • Men: No more than 3 standard drinks a day not to exceed more than 14 standard drinks a week • Women: No more than 2 standard drinks a day not to exceed more than 7 standard drinks a week	• Consumes more than **EITHER** the single-day or weekly limits • Consumes more than **BOTH** the single-day or weekly limits • Drinking more than 1 standard drink per hour

http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking_Drinking.pdf

Alcohol Related Fatalities/Discharges

Year (FY)	Deaths	Discharges
2008	18	26
2009	27	42
2010	24	48
2011	UNK	57
Total	69	173

Historic Trends in Heavy Drinking

	1998	2002	2005	2008
Army	37.5	41.4	52.8	48.2
Navy	32.0	44.2	41.7	47.8
Marine Corps	45.4	54.2	53.2	57.6
Air Force	29.6	34.0	33.9	39.0

** Heavy drinking is 5 or more drinks within 1 or more days in the past 30 days for males; or 4 or more drinks on 1 or more days in the past 30 days for females.*

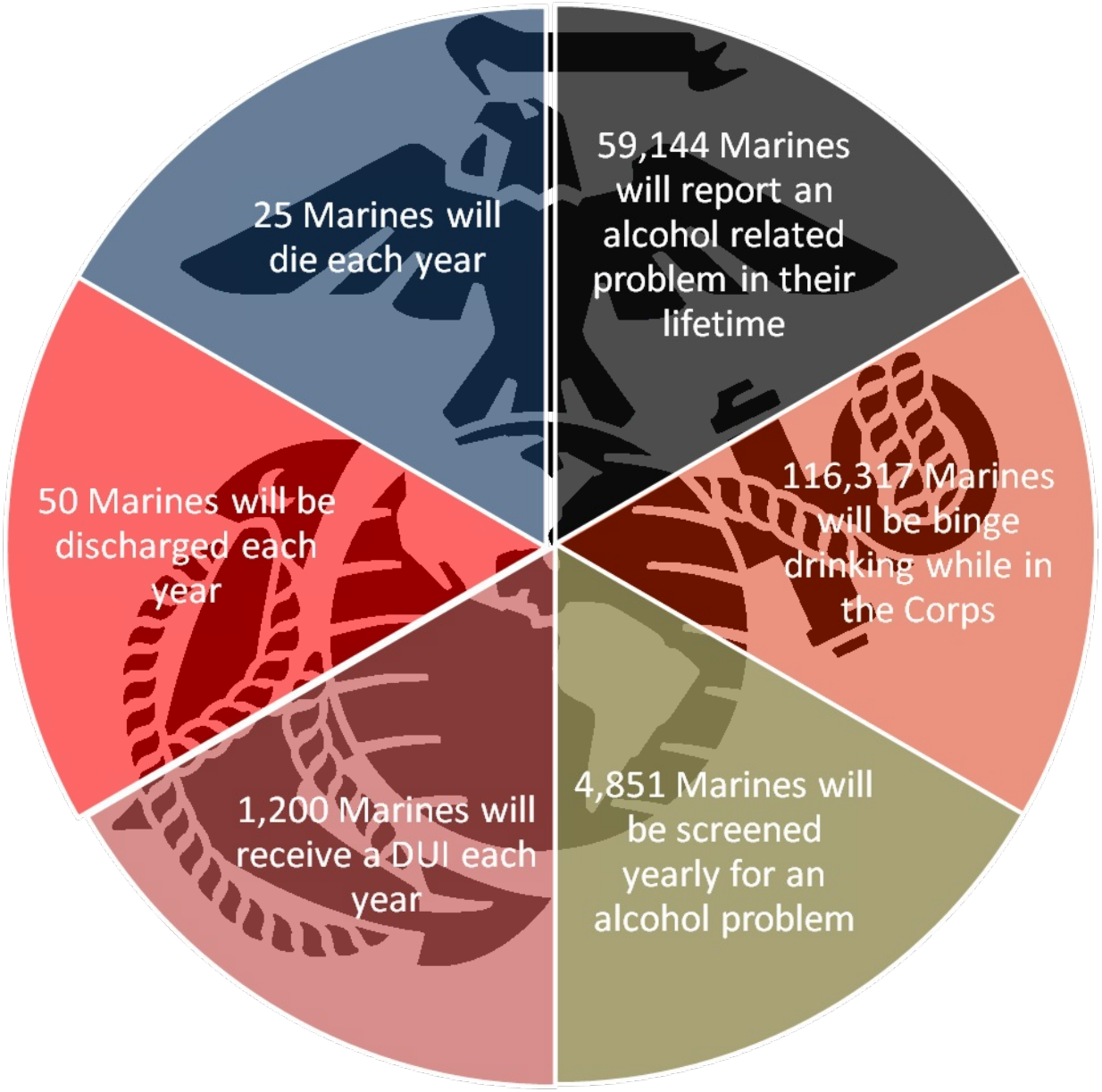
Data from the DoD Survey of Health Related Behaviors Among Military Personnel, 1998-2008.

BATTALION RATIOS

1 out of 5 of the most junior enlisted personnel in a battalion experience serious consequences as a result of drinking or a drinking-related illness

battalion are expected to be "Problem Drinkers"

Alcohol Abuse Affects the Health of Our Corps

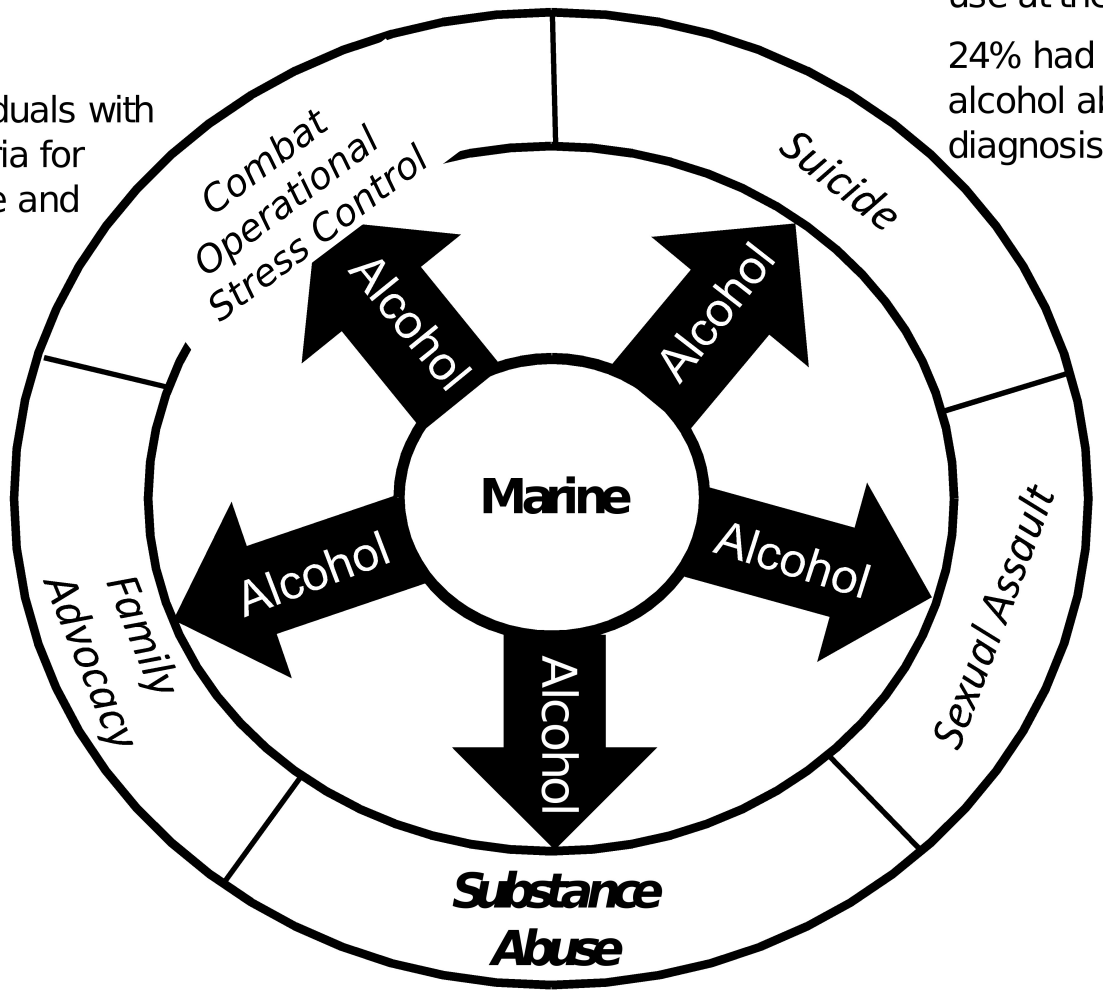

25 Marines will die each year
59,144 Marines will report an alcohol related problem in their lifetime
50 Marines will be discharged each year
116,317 Marines will be binge drinking while in the Corps
1,200 Marines will receive a DUI each year
4,851 Marines will be screened yearly for an alcohol problem

Alcohol "Spokes of the Wheel"

18% had evidence of alcohol use at the time of death

24% had evidence of past alcohol abuse or dependence diagnosis

80% of individuals with TBI met criteria for alcohol abuse and dependence



40% of off duty mishaps involved alcohol

30% of spouse abuse involved alcohol

Over 50% of victims and offenders of sexual assault were associated with alcohol

Data from internal Marine Corps Behavioral Health Program statistics: TBI data from RAND (2008)

Protective Factors

Aggressive, Irrational Behavior. Arguments. Violence. Depression. Nervousness

Cancer of throat or mouth.

Frequent colds. Reduced resistance to infection. Increased risk of pneumonia.

Trembling hands. Tingling fingers. Numbness. Painful nerves.

Liver damage.

Ulcer

Impaired sensation leading to falls

Numb, tingling toes. Painful nerves.

Friends

Physical Fitness

Sense of self -esteem

Sense of Spirituality

Coping strategies

Ability to handle change

Family Support

Engaged Leadership

Sense of emotional and mental health

Unit Cohesion

Alcohol dependence. Memory loss.

Premature aging. Drinker's nose.

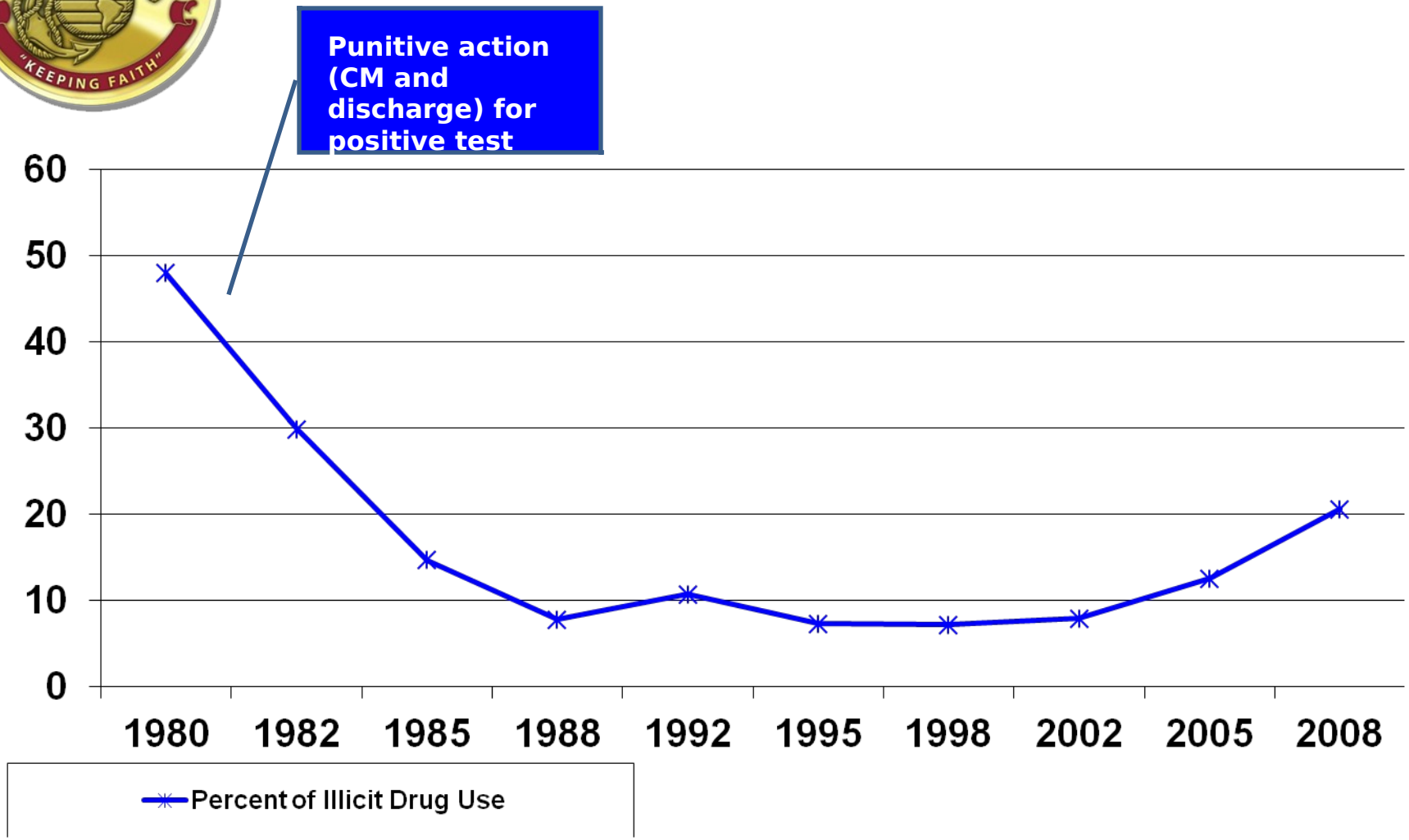
Weakness of heart muscle. Heart failure. Anemia. Impaired blood clotting. Breast Cancer

Vitamin deficiency. Bleeding. Severe inflammation of the stomach. Vomiting. Diarrhea. Malnutrition

Inflammation of the pancreas.

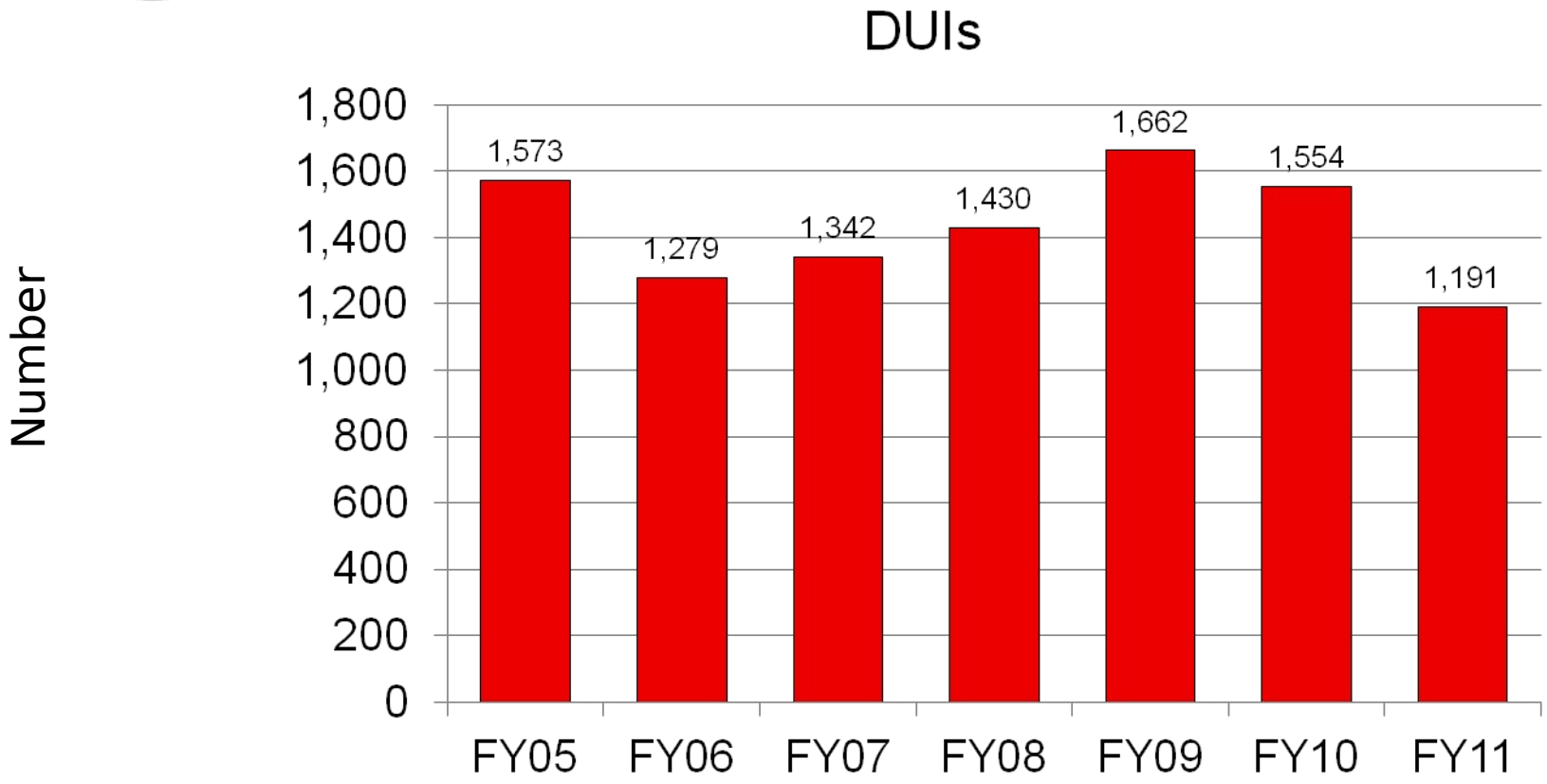
<u>In men:</u>
Impaired sexual performance.
<u>In Women:</u>
Child bearing issues

Drug Abuse Punitive Action



* Heavy alcohol use is consuming five or more drinks on one occasion at least weekly.

DUIs



DUI data from NCIS's Consolidated Law Enforcement Operations Center (CLEOC) Database

Screenings and Treatment

	Screenings	IOP/OP	Early Intervention	Residential
FY09	5372	1974	2974	554
FY10	5433	2204	2677	705
FY11	4851	2205	2995	831
Total	**15656**	**6383**	**8646**	**2090**

Phase I - Shape

- Develop and implement a strategic communication plan.
- Develop a social media marketing plan that will leverage technology to appropriately disseminate timely information to Marines and their families (apps, web sites).
- Develop a messaging plan that targets different age groups, families, ranks, billets and population types and focuses on the various levels of risk associated with alcohol consumption.
- Develop an anti-stigma plan to address the negative perception on seeking help; utilize testimonials where appropriate.
- Develop partnerships with other peer-based training programs (Never Leave a Marine Behind, OSCAR, and Take a Stand) trainers to facilitate the dissemination of alcohol abuse information and education.

Phase I - Shape

- Develop means to educate and provide substance abuse services to Marine Reservists and Marines on independent duty.
- Develop annual alcohol abuse prevention training plans. These plans should be scalable and flexible to meet the specific needs of the unit or installation.
- Develop alcohol abuse training and education (include the levels of risk involved in alcohol consumption) in all formal schools.
- Develop a risk drinking continuum framework that serves to educate Marines on how much is too much in terms of alcohol consumption; identifying when risk increases.
- Develop/leverage web-based alcohol abuse MarineNET training.
- Develop education initiatives to reduce the stigma associated with seeking assistance for substance abuse issues.

Phase I - Shape

- Review policies and regulations governing the sale of alcohol. Make recommendations on ways to develop guidelines for on-base facilities that sell alcohol.
- Review all alcohol policies to ensure that they support the goals of this campaign to include: 2 strike separation policy, de-glamorization of alcohol, early identification and referral, Marine-to-Marine models.
- Develop climate that reinforces the expectation that all Marines have a responsibility to identify and intervene when high-risk behaviors are present.
- Review initiatives to support the elimination of driving under the influence incidents (e.g. arrive alive, command contact cards).

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Phase II – Implement

- Engage Leadership
- Off/SNCO Education & Training
- NCO Education & Training
- LCPL and below Education & Training
- Training Themes
  - Statistics, Signs & Symptoms, Treatment
  - Tie into Leadership Traits & Principles
  - CMC/SMMC video(s)
  - White/Green Letter, MARADMIN Discussions
  - Local Speakers, Testimonials, Skits, etc…
  - Issue Alcohol Metabolism Rate Card
- Implement a social media marketing plan that leverages technology to appropriately disseminate timely information to Marines and their families (apps, web sites)
- Implement an anti-stigma plan to address the negative perception on seeking help
- Implement partnerships with other peer-based training programs; OSCAR, Take a Stand

Phase II – Implement

- Implement partnerships with other peer-based training programs; OSCAR, Take a Stand
- Implement a messaging plan that targets different age groups, families, ranks, billets and population types and focuses on the various levels of risk associated with alcohol consumption
- Implement means to educate and provide substance abuse services to Marine Reservists and Marines on independent duty
- Implement Marine Corps wide tracking system for alcohol treatment. Explore feasibility of DoD wide tracking system. Ensure system will integrate with Veterans Affairs for post service treatment (Keep the faith)
- Professionalize SACO billet and assign down to Regimental/Group level
- Align SACC under Marine Family
- Publish and disseminate policies and order related to misuse/abuse campaign
- Implement after hour treatment centers across the force

Phase II – Implement

- Implement two-strike policy for alcohol abuse incidents
- Implement revised adjusted marketing strategies for alcohol with MCCS
- Implement revised alcohol consumption policies at command sponsored events
- Implement Commander Incentive Program
- Implement a community anti-drug coalition with a focus on alcohol (business, town, local govt, etc…)
- MarineNET Training mechanics complete
- Alcohol Risk Assessment Training Course complete by all 18-26 year olds Marines
- Resident PME continuum integrated
- Increase the Use of Alternative Activities

Phase III – Assess, Adapt, & Sustain

- Assess Alcohol Marketing Across the Marine Corps
- Reinforce Low-Risk Drinking
- Strengthen Community-Based Partnerships
- Exploit Pre-Existing Community Support Networks
- Evaluate the Effectiveness of PI&R Efforts
- Evaluate the Standardization of Substance Abuse Prevention and Treatment Services
- Evaluate the Use of Alternative Activities
- Evaluate Quality of Care Improvements
- Evaluate the Effectiveness of Substance Abuse Treatment
- Evaluate the Effectiveness of AAPC Initiatives

Proposed Commander's Intent

Alcohol is the common denominator in a host of issues facing our Marine Corps. Approximately 30 percent of people in the U.S. have an alcohol disorder at one point in their lifetime. Like many other social and behavioral issues, we are predisposed to this problem. This predisposition, combined with what is perceived as a cultural norm within our Corps, is eroding our readiness. We will change this culture through the reaffirmation of individual responsibility, engaged leadership and training & education. We will keep faith with our Marines and Sailors who find themselves in trouble through a robust and professional treatment plan. This is not an attack on alcohol; rather, it is a campaign against the misuse and abuse of alcohol that contributes to behavior that is contrary to our core values. Alcohol misuse and abuse has no place in our Corps. I want Marines of every rank engaged on this issue. We must reinforce the message that alcohol misuse and abuse is not an institutional part of being a Marine. It is every Marine's inherent duty to step up and step in, to take responsibility for his/her actions, and be accountable for the Marines in your charge to prevent the misuse and abuse of alcohol. Leaders at every level must create an environment and command climate in which every Marine understands the risks associated with alcohol consumption.

HQMC AAPC

Questions?